

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001524

Entity Name: HEARTLAND NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**4200 LITTLE BLUE PARKWAY
SUITE 400
INDEPENDENCE, MO 64057**Current Mailing Address:**4200 LITTLE BLUE PARKWAY
SUITE 400
INDEPENDENCE, MO 64057 US**FEI Number:** 64-0431935**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR, SUITE A
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	JACOBS, GREGORY D
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	DIRECTOR
Name	WOELKE, VERNON R
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	DIRECTOR
Name	GARNER, BERNARD A
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	DIRECTOR
Name	TAYLOR, DENNIS
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	PRESIDENT
Name	MCDANIEL, CHRISTOPHER MICHAEL
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	DIRECTOR
Name	WALTER, GARY ALAN
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	SECRETARY, TREASURER
Name	MICKELSON, AARON D
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Title	DIRECTOR
Name	RICE, DONNA
Address	4200 LITTLE BLUE PARKWAY SUITE 400
City-State-Zip:	INDEPENDENCE MO 64057

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON D MICKELSON**SECRETARY AND
TREASURER**

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCDANIEL, BRIAN
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title OFFICER
Name MICHELETTI, NICK
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name MCDANIEL, CARL
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057